

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **081951635** FILING DATE **10/17/97**
APPLICANT(S) **KATO**

CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
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61	1	1				
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